



Dear Resident,

Thank you for your interest in our police Ride-Along program. The program provides an opportunity for our citizens to learn about the Salisbury Police Department. We encourage you to take advantage of this program in order to better understand our mission and goals, as well as the myriad of services we offer. Your participation will allow you to experience, first-hand, the decision-making processes our officers utilize in addressing the various crime and quality of life issues affecting our community. The end result is a better, more unified partnership between the police department and the community.

Once approved to participate in the program, you may ride with an officer once per month on a date/time of your choosing. You are encouraged to dress comfortably in dark colored clothing, and report to the police department approximately 15 minutes prior to your scheduled ride along time. The program is designed for people eighteen (18) years of age and older; persons 16 and 17 years of age will need a parent/guardian to sign their waiver. Prior to riding you will be asked to sign a liability waiver, indicating your understanding of the following:

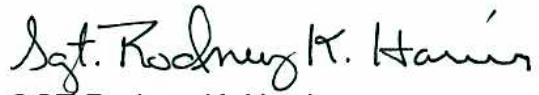
- You are not to touch the police radio or other emergency equipment unless specifically asked to do so by your assigned officer;
- You are to follow the officer's instructions with regard to your involvement in any call for service or police activity;
- You are waiving the City of Salisbury of responsibility for any injury sustained during the ride-along.

****Failure to abide by the above requirements will terminate your riding privileges.***

Once you have submitted a complete application form (attached), a check of your criminal and driver histories will be conducted. A member of the Professional Standards Unit will contact you in order to schedule your ride-along. In order to

improve our program, please complete the evaluation form (attached) upon completing your ride-along. Contact and mailing information is located at the bottom of the application and evaluation forms.

Thank you for your interest,

A handwritten signature in black ink that reads "Sgt. Rodney K. Harris". The signature is written in a cursive style with a large, stylized "S" and "H".

SGT Rodney K. Harris
Professional Standards Unit



SALISBURY POLICE DEPARTMENT RIDE-ALONG APPLICATION

Full Name: _____ Date of Birth: _____

Driver License Number/State: _____ Race: _____ Sex: _____

Address: _____

City _____ State: _____ Zip Code: _____

Phone: (day): (____) _____ (night): (____) _____

In Case of Emergency Notify: _____

Phone: (____) _____

Are you representing a community or civic organization? Yes _____ No _____

If yes, name of organization: _____

Are you a student? Yes _____ No _____

If yes, provide name of school: _____

What is your interest/goal in participating in this program? _____

Date(s) preferred for your participation: 1. _____

(Including times) 2. _____

I prefer to ride with Officer: _____

Do you have a physical impairment (e.g. heart condition, diabetes, epilepsy, etc)? ***If yes, please describe***

If you have an arrest record, please provide the offense(s), location of offense (City or County; State – if other than NC), and disposition:

RETURN APPLICATION TO: Sgt. Rodney K. Harris
Professional Standards Unit
130 East Liberty Street
Salisbury, NC 28144

RIDE ALONG EVALUATION

Ride Along Date: _____

Name of Officer: _____

1. Did your assigned officer proactively address crime and quality of life issues (take self-initiated action)?

Yes ____ No ____ No Opinion ____

2. Did your participation change your opinion of police officers' and their responses to the above issues?

Yes ____ No ____ No Opinion ____

3. Would you recommend the program to other citizens?

Yes ____ No ____

4. Was your ride along officer:

Knowledgeable? Yes ____ No ____

Courteous? Yes ____ No ____

Service-Minded? Yes ____ No ____

Informative? Yes ____ No ____

Helpful? Yes ____ No ____

5. Comments:

Please return your completed evaluation to:

Sgt. Rodney K. Harris
Professional Standards Unit
Salisbury Police Department
130 East Liberty Street
Salisbury, NC 28144

RIDE-ALONG LIABILITY WAIVER

For, and in consideration of the privilege of riding in a Salisbury Police Department vehicle for the purpose of participating in the department's Ride-Along Program, I hereby release the City of Salisbury (NC), its officers, agents, and employees from any and all liability, directly or indirectly arising out of my riding in a police vehicle with an officer of the City of Salisbury (NC) Police Department.

Signature of Participant Date Print Name

Parent/Guardian Date
If above participant is 16 or 17 years of age

Supervisor/Commander Date

Officer Date

Starting Time: _____

Ending Time: _____

District/Beat: _____